

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☒ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units | | | 2 | Total Num. Prsns. | | | 2 | TxDOT Crash ID 15532723.2 /2017008676



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 01 / 11 / 2017		*Crash Time (24HRMM) 0706		Case ID 17003322		Local Use 154	
*County Name COLLIN				*City Name FRISCO			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees)		Longitude (decimal degrees)	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. LR		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 7100	
3 Street Prefix		*Street Name GAYLORD PKWY		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 45		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2900		3 Street Prefix		Street Name DALLAS PKWY		4 Street Suffix	
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Reference Marker	
Street Desc.		RRX Num.					
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State MO	
LP Num. D72KC		VIN 1 G K S 2 C K J 3 H R 1 4 4 6 8 1					
Veh. Year 2017		6. Veh. Color BLK		Veh. Make GMC		Veh. Model YUKON	
7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 41589455		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07 / 22 / 1995			
Address (Street, City, State, ZIP) 9 Cowboys WAY Frisco, TX 75034							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		Elliott, Ezekiel	
N		21		B		1	
1		99		5		97	
N		96				96	
96		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address Elliott, Ezekiel, 9 Cowboys WAY Frisco, TX 75034					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE INS. CO.	
Fin. Resp. Phone Num. (800) 255-7828		27 Vehicle Damage Rating 1		4 - R F Q - 2		27 Vehicle Damage Rating 2	
Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Towed By LW TOWING		Towed To 15020 KING ROAD, FRISCO, TX 75034					
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. FXG5488		VIN W B A K A 8 C 5 7 C C Y 3 7 4 9 8					
Veh. Year 2012		6. Veh. Color BLK		Veh. Make BMW		Veh. Model 750	
7 Body Style P4		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 36827573		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05 / 31 / 1996			
Address (Street, City, State, ZIP) 2879 Belclaire DR Frisco, TX 75034							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		Hill, Ronnie	
N		54		B		1	
1		99		1		97	
N		96				96	
96		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address Hill, Ronnie, 2879 Belclaire DR Frisco, TX 75034					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name ALLSTATE INS. CO.	
Fin. Resp. Phone Num. (800) 255-7828		27 Vehicle Damage Rating 1		8 - L F Q - 3		27 Vehicle Damage Rating 2	
Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Towed By LW TOWING		Towed To 15020 KING ROAD, FRISCO, TX 75034					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	15							1	5	2	2	1	1	5

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale
	<p>Unit 1 was traveling westbound on Gaylord Pkwy. in the left lane of straight travel. Unit 2 was traveling southbound on Dallas Pkwy. in the far right lane of straight travel. The driver of unit 1 stated he accidentally ran a red light and struck unit 2, causing moderate damage to the front driver side quarter panel of unit 2. Unit 1 sustained minor damage to the front passenger side quarter panel. No injuries were reported. Multiple airbags deployed on unit 1 and no airbags deployed on unit 2. Both vehicles were towed from the scene by LW Towing.</p>	

INVESTIGATOR	Time Notified (24HR:MM)	0 7 0 6	How Notified	DISPATCHED	Time Arrived (24HRMM)	0 7 0 8	Report Date (MM/DD/YYYY)	01/17/2017
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Schweiker, Alex	ID Num.	3473		
	ORI Num.	T X 0 4 3 0 4 0 0	*Agency	FRISCO POLICE DEPARTMENT	Service/Region/DA	0 1		